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ABSTRACT

The digest briefly summarizes the characteristics and current trends in special education programing for exceptional children. Exceptional children are described as having physical, mental, or behavioral handicaps and ranging in age from birth to 21. Requirements of basic federal legislation (The Education for All Handicapped Children Act) and recent amendments are briefly described. Incidence information as well as a listing of program options are provided for gifted students, children with physical handicaps, children with mental handicaps, children with behavior disorders, children with speech and language disabilities, children with learning disabilities, and children with specialized health care needs. Two trends in special education are also identified. First, children with disabilities are receiving special education services earlier and second, a change in the public's attitude toward employment of people with handicaps has led to more instruction in vocational skills and assistance in the transition from school to community life and work. Three references are included. (DB)

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ERIC Digest

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EDUCATING EXCEPTIONAL CHILDREN

Who Are the Exceptional Children?

They are the more than 4.5 million children and youth in this country who have physical, mental, or behavioral handicaps. Ranging in age from birth to 21, these children and youth with exceptionalities require the assistance of special educators in order to benefit from education. A dynamic concept of exceptionality encompasses all children who need a specially tailored education program to achieve in accordance with their potential.

Federal Legislation

In 1975 the U.S. Congress passed the Education for All Handicapped Children Act, which guarantees a free and appropriate public education to all children in the United States between the ages of 3 and 21. The law provides funds for special education programs to states and local districts that comply with a set of regulations. These regulations mandate provision of special education services including an individualized educational program to be carried out in the least restrictive environment, a comprehensive diagnosis of each child's disabilities by a qualified professional team, an annual review of each child's progress, and the involvement of parents in educational decisions. Amendments to the law, P.L. 98-199 and P.L. 99-457, also require that the local school districts actively search for and provide services to children between the ages of 3 and 5 who have disabilities.

States are also required to develop systems to provide early intervention services for infants from birth to age 3 who are developmentally delayed or at risk of becoming developmentally delayed.

Programs for Gifted Students

Although an increasing number of programs is available to meet the needs of students with special gifts and talents, the education of these students is still largely ignored. Approximately half the states now mandate some form of special services for these students. Gifts and talents may be in academic, intellectual, creative, artistic, or leadership abilities. In addition to the traditional practice of allowing academically talented students to skip grades, the educational needs of gifted and talented students may be served by the provision of enrichment experiences, instructional grouping by intellectual ability rather than by chronological age, and, to a lesser extent, counseling to support the development of personal and social skills.

Programs for Children with Physical Handicaps

About 1% of the preschool- and school-aged children in the United States have physical handicaps. These handicaps include blindness and visual impairments, deafness and hearing impairments, and orthopedic disabilities. Depending on the degree of the disability and on individual characteristics, these children may be educated in residential schools, separate classes, or regular classes with support services provided by special teachers.

For children who are blind, instruction in braille and mobility is required. Children with visual impairments need materials such as large-type books, special typewriters, and proper lighting. Children who are deaf require language instruction that often combines signing, lip-reading, intensive work in speech production, and amplified aural training. Children with orthopedic handicaps may need the services of a speech pathologist, physical or occupational therapist, psychologist, or social worker. They may also require modifications in their surroundings such as wide doorways to accommodate wheelchairs, toilets at appropriate heights, and ramps or elevators.

Programs for Children with Mental Handicaps

Slightly less than 2% of the preschool- and school-aged children in the United States are classified as mentally handicapped. Children with severe mental handicaps often have multiple disabilities. A variety of educational options are available for these children including residential schools, special day schools, separate classes, and regular classes with special education support services. The appropriate option for each child depends on the child's characteristics and individual abilities.

Programs for Children with Behavior Disorders

Children with emotional disorders constitute about 1% of the preschool- and school-aged population. These children may be withdrawn or overly aggressive. Their education is usually provided in regular or special classes with support services provided by psychiatrists, psychologists, social workers, and speech-language pathologists.

Programs for Children with Speech and Language Disabilities

Nearly 3% of the preschool- and school-aged population have speech or language impairments, including problems in articulation, language, fluency, or voice, that affect their ability to learn or communicate effectively with others. The educational treatment provided to these children depends on the severity of the impairment and may include the services of special education teachers and speech/language pathologists.

Programs for Children with Learning Disabilities

The largest group of exceptional children, slightly less than 5% of the population, have learning disabilities. There is a discrepancy between their measured ability to learn and their

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actual achievement that is not due to intellectual retardation, emotional disorder, or sensory impairment. Intelligence scores for children with learning disabilities range from average to gifted levels. These children may be educated in self-contained classes if their problems are severe, but more often they remain in regular classes with the support of special educators.

Services for Children with Specialized Health Care Needs

Specialized health care needs is a relatively new term applied to a group of students who previously were unserved in educational settings. Although these students are often considered similar to students with other health impairments, their educational needs are complicated by extreme medical needs. Other terms sometimes used are *medically fragile* and *technologically dependent*. Many of these students have survived catastrophic medical events that require intensive and prolonged health care.

Because classification of this group of students does not exist in educational databases, estimation of numbers is difficult. However, the Office of Technology Assessment (OTA) has estimated that as many as 100,000 infants and children may be technologically dependent in some way. OTA defines this group as requiring a medical device to compensate for the loss of a vital body function and substantial and ongoing nursing care to avert further disability or death.

Trends in Special Education

Two trends are apparent in special education today. First, children with disabilities are receiving special education services earlier. This trend reflects the recognition that a child's ability to learn in school depends on skills learned as a toddler, such as communicating with others or exploring the environment. Since disabilities can delay the acquisition of these skills, early special education is needed to provide a foundation for future learning. To identify these young children and treat their disabilities, special educators are working closely with hospitals, medical personnel, therapists, and social workers. Family services are being provided to help parents understand their child's disability and its treatment, and preschool education is being provided in homes and in preschool education centers. For many children, early educational treatment of handicapping conditions can reduce or eliminate the need for intensive special services later.

Young gifted children are also receiving more attention. It is not uncommon to find such children experiencing a vast gap between their advanced intellectual skills and their less advanced physical and emotional competencies. Understanding the unique developmental patterns that are often present in gifted children can help parents and teachers adjust their expectations of academic performance to a more realistic level. Young gifted children who find that their limited physical skills are not sufficiently developed to carry out the complex projects they imagined must be helped to develop coping skills to deal with their frustrations.

The second trend is a change in the public's attitude toward employment of people with handicaps. Today it is recognized that valuable contributions may be made even by people with severe handicaps. Schools are assessing the abilities and talents of students with handicaps and matching them with potential occupations. More instruction in vocational skills is being provided to students with handicaps, and programs are being offered to assist them in the transition from school to community life and work.

Emphasis on serving the needs of exceptional children is likely to continue, and the information derived from current research will improve special educational services even more in the future.

RESOURCES

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